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**REVOCATION AND POWER OF ATTORNEY WITH
NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the applications identified below. Furthermore, I hereby appoint the practitioners at Customer Number **41230**.

Please change the correspondence address for the following applications to the address associated with Customer Number **41230**.

Attorney Docket No.	Application No. / Patent No.	Filing Date / Issue Date
247171-244USPT	09/228,608	01/12/1999
247171-368PL01	60/362,177	03/06/2002
247171-175USPT	09/197,250	11/20/1998
247171-254PL01	60/350,588	01/22/2002
247171-173USC1	08/932,478	09/18/1997
247171-105USPT	08/219,093	03/29/1994
247171-66USPT	07/795,492	11/21/1991
247171-409USP1	10/890,654	7/14/2004
247171-58USPT	07/680,585	4/4/1991
247171-64USPT	07/709,108	6/3/1991
247171-33USPT	07/302,618	1/27/1989
247171-324USPT	06/561,722	12/14/1983
247171-210USC1	6139418	10/31/2000
247171-272USC1	6929109	8/16/2005
247171-199USD1	6039644	3/21/2000
247171-367USC1	6654486	11/25/2003

Attorney Docket No.	Application No. / Patent No.	Filing Date / Issue Date
247171-353USC1	6724927	4/20/2004
247171-372USD1	6678402	1/13/2004
247171-349USC1	6647136	1/4/2002
247171-371USC1	6810137	10/26/2004
247171-361USD1	6988606	9/30/2004
247171-355USC1	6724926	4/20/2004

I am the authorized legal representative for the assignee of record of the entire interest.
See 37 C.F.R. § 3.71. A Statement Under 37 C.F.R. § 3.73(b) is enclosed.

Signature of Assignee of Record:

Signature: _____

Name: Jeffrey G. Knoll

Date: _____

Telephone: (847) 759-6207

*Total of 1 form is submitted.